ļ	Effectiv Nov mber 10, 1998												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR		R THAN ENTITY	
FOR NUM			NUMBE	R FILED	NUMBE	NUMBER EXTRA		RATE	FEE	7	RATE	·FEE	
BASIC FEE			17						380.00	OR		760.00]
TOTAL CLAIMS			1G	minus :	20= *			X\$ 9=	1	OR	X\$18=		
INDEPENDENT CLAIMS . minus 3 =					3= 3			X39=	117	OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT								+130=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	497	OR		-	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CL REM AJ	AIMS AINING TER IDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	1
	Total	. 18		Minus	- 18			X\$ 9=		OR	X\$18=		
	Independent			Minus	··· 6	=		X39=		OR	X78=	<u> </u>	5-17-04
/	FIRST PRESE	NTATIC	ON OF MI	JLTIPLE DEF	PENDENT CLAI	М		+130=		OR	+260=		·
									 	OB	TOTAL ADDIT, FEE		
		(Col	umn 1)_		(Column 2)	(Column 3)	,	NOOIT. FEE			ADDIT, PEE	•	
AMENDMENT B	4/9/06	REM	AINS IAINING FTER IDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RÂŢE	ADDI- TIONAL FEE	
	Total	• 18			-26	-		X\$ 9=		OR	X\$18=		
	Independent	1 (2			544 (j	<u> </u>		X39=		OR	X78=		
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									QR	+260=	-	
									7	OF	TOTAL		
(Column 1) (Column 2) (Column 3)								VDDIT. FEE					
AMENDMENT C		REM	AIMS IAINING FTER NDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	٠.	Minus	••	5		X\$ 9=		OR	X\$18=	•	
	Independent .			Minus	***	=				OR	X78=		
F	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+130=	-	OR	+260=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE ADDIT. FEE													
٠	The "Highest Nun	nber Pre	viously Pai	d For (Total or	independeni) is t	he highest numbe	r foui	nd in the app	propriate bo	x in coh	umn 1.		

Application or Docket Number